



State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison, WI 53707

CERTIFICATION EXAM APPLICATION FOR
SOLID WASTE DISPOSAL FACILITY OPERATOR CERTIFICATION

Form 4400-181A Rev 8/02

NOTICE: You are required to complete and submit this form at least 28 days prior to a scheduled examination in order to take the examination, per NR 114, Wis Adm. Code. Personally identifiable information will be used for program administration and will be made accessible to requesters under Wisconsin's Open Records law [ss.19.31 - 19.39, Wis. Stats.]

INSTRUCTIONS: Print clearly or type information in section 1. If section 1 is already filled out, please make any corrections needed. Mark the exam(s) you wish to take in section 2. Mark the site and time you would like to take the exam(s) in section 3. Please note that this list of exams is customized specifically for your certification and does not include exams that you have already passed. Do not share this application with others.

1)

First:	MI:	Last:
Address:		
City:	State:	Zip:
Phone:	Email:	

Make check payable to: DNR

Return application with payment to:

Solid Waste Disposal Facility Operator Certification

WISCONSIN DNR- Operator Certification

PO BOX 7921

MADISON WI 53707-7921

Employer:

2) Exams: put an "X" in box next to the exam(s) you wish to take.

Add up the Exam Fee for the exam(s) you wish to take and include a check for the total amount along with this completed application. If the correct fees are not included, the application will be returned.

Exam Description	Fee
<input type="checkbox"/> Facility Manager Exam	\$200.00
<input type="checkbox"/> Site Operator Exam	\$200.00

3) Exam Site: Put an "X" in the box next to the exam site and time where you would like to take the exam(s).

Application Deadline	Exam Date	Place/Site	Time
<input type="checkbox"/> October 4, 2006	November 1, 2006	Green Bay	9:00 AM
<input type="checkbox"/> October 4, 2006	November 1, 2006	Green Bay	1:00 PM
<input type="checkbox"/> October 4, 2006	November 1, 2006	Madison	9:00 AM
<input type="checkbox"/> October 4, 2006	November 1, 2006	Madison	1:00 PM
<input type="checkbox"/> October 4, 2006	November 1, 2006	Menomonie	9:00 AM
<input type="checkbox"/> October 4, 2006	November 1, 2006	Menomonie	1:00 PM
<input type="checkbox"/> October 4, 2006	November 1, 2006	Rhineland	9:00 AM
<input type="checkbox"/> October 4, 2006	November 1, 2006	Rhineland	1:00 PM
<input type="checkbox"/> October 4, 2006	November 1, 2006	Rice Lake	9:00 AM
<input type="checkbox"/> October 4, 2006	November 1, 2006	Rice Lake	1:00 PM
<input type="checkbox"/> October 4, 2006	November 1, 2006	West Allis	9:00 AM
<input type="checkbox"/> October 4, 2006	November 1, 2006	West Allis	1:00 PM

Total Amount Due:

Note: You will receive a confirmation letter with exact location of exam site after your registration is processed.

Notice: Individuals are required to provide a social security number (SSN) or Federal Employer Federal Identification Number (FEIN) to be used as specified below.

1. Provide the SSN for the Department to consult with the Department of Workforce Development to determine whether the applicant is delinquent in court-ordered child or family support payments:
 - under s. 29.024(2g)(a) Wis. Stats., when applying for a hunting, fishing or personal license, permit or certification
 - under 299.08(1), Wis. Stats., when applying for certain occupational licenses or approvals
2. Provide the SSN or FEIN for the Department to consult with the Department of Revenue to determine whether the applicant is delinquent in paying Wisconsin taxes:
 - under s. 29.024(2r)(a) and 299.07(1), Wis. Stats., when applying for certain occupation-related licenses or approvals
 - Laws for tax delinquency determination require an individual to submit a social security number. Applicants who are not individuals [i.e. businesses] are required to provide a Federal Employer Federal Identification Number (FEIN).

The Department cannot process your application for a license, permit, approval, certification or renewal unless you provide the information requested. Information collected on this form is confidential. The number SHALL NOT be disclosed to any other person except the Department of Workforce Development or the Department of Revenue. By requesting SSN and FEIN data on a form that is separate from applications and renewals, the Department is taking extra steps to assure the confidentiality of this information.

Purpose: The 1999 Wisconsin Acts 9 and 32 set requirements for people and businesses licensed, registered, certified, or permitted to conduct business in Wisconsin to provide their Social Security Number or Federal Employer Identification Number. The purpose of this law is to help collect child support from parents [section 49.857(2)(b)5, Wis. Stats.] and collect taxes from individuals and businesses [section 73.0301(2)(c)2, Wis. Stats.] that are delinquent in their payments. This law also requires the Department of Natural Resources to deny or revoke the licenses, permits, registrations or certifications to these individuals and businesses [sections 29.024, 299.07 and 299.08 Wis. Stats.].

For copies of the State Statutes, contact the Wisconsin Revisor of Statutes Bureau.

- Visit their internet site at <http://www.legis.state.wi.us/rsb/> or
- If you do not have internet access, call (608) 266-2011.

Instructions

Print or type clearly and provide complete information for DNR processing purposes. Include:

- Your name, phone number, address and **Social Security Number (SSN)** if your application is for any **personal** license, permit, registration or certification.
- Your name, phone number, address and **Federal Employer Identification Number (FEIN)** if your application is for any **business** license, permit, registration or certification.

Sign and mail this completed form along with your license, permit, certification or registration application or renewal form.

NOTE: If you have multiple licenses, permits, certifications and registrations, you are likely to be asked to complete separate forms with each type of application or renewal.

Applicant Information

Last Name	First	MI	Telephone Number	SSN For Individual
Business			Business Telephone Number	FEIN For Business
Address		City	State	ZIP Code

Certification

I certify that information provided on this form is true and correct.

Applicant Signature	Date Signed
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DNR Use Only

License, Registration, Certification or Permit Type	License, Registration, Certification or Permit Number
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